

ME Office/District: _____

Date of Investigation: _____

Medical Ex/Invest Name: _____

**Childhood Drowning Study
Medical Examiner Case Report Form
VERSION 3 – 06/06/03**

1. Name of Decedent: _____
(Last, First, MI)
2. Decedent's Date of Birth: /__/__/ - /__/__/ - /__/__/__/
Month Day Year
3. Decedent's Gender: Male Female
4. Decedent's County of Residence: _____
5. County where submersion occurred: _____
6. Date of Submersion: /__/__/ - /__/__/ - /__/__/__/
Month Day Year
7. Date of Death: /__/__/ - /__/__/ - /__/__/__/
Month Day Year
8. Did the decedent live in a home with a private residential pool (Do not include community or apartment pools): Yes No Don't Know
9. Specify body of water in which drowning occurred:
 Pool Whirlpool/Hot Tub River Lake Pond
 Ocean Bay Canal Bathtub Other (describe): _____
10. Manner of Death: Suicide Homicide Undetermined Unintentional
11. Briefly describe circumstances of submersion: _____

Discuss study only with families of cases who are eligible.

Case is ELIGIBLE if:

1. Cause of death is unintentional drowning;
2. Decedent's age is between 1-19 years (>12 months and <20 years);
3. Site of submersion is an open body of water (such as a pool, whirlpool, hot tub, pond, lake, river, stream, canal, quarry, irrigation ditch, ocean); and
4. Decedent's residence at the time of submersion was in the United States.

Case is INELIGIBLE if:

1. Case is a ice water submersion;
2. Submersion is intentional or of undetermined intent;
3. Submersion is in a bathtub, toilet, bucket, sinks or other non-swimmable body of water; and
4. Case is a motor vehicle related drowning.

NOTE: You do not need to complete Case Abstract Forms for INELIGIBLE cases.

OFFICE USE: Eligible Yes No